

Pharmaceutical Care Block Diagram

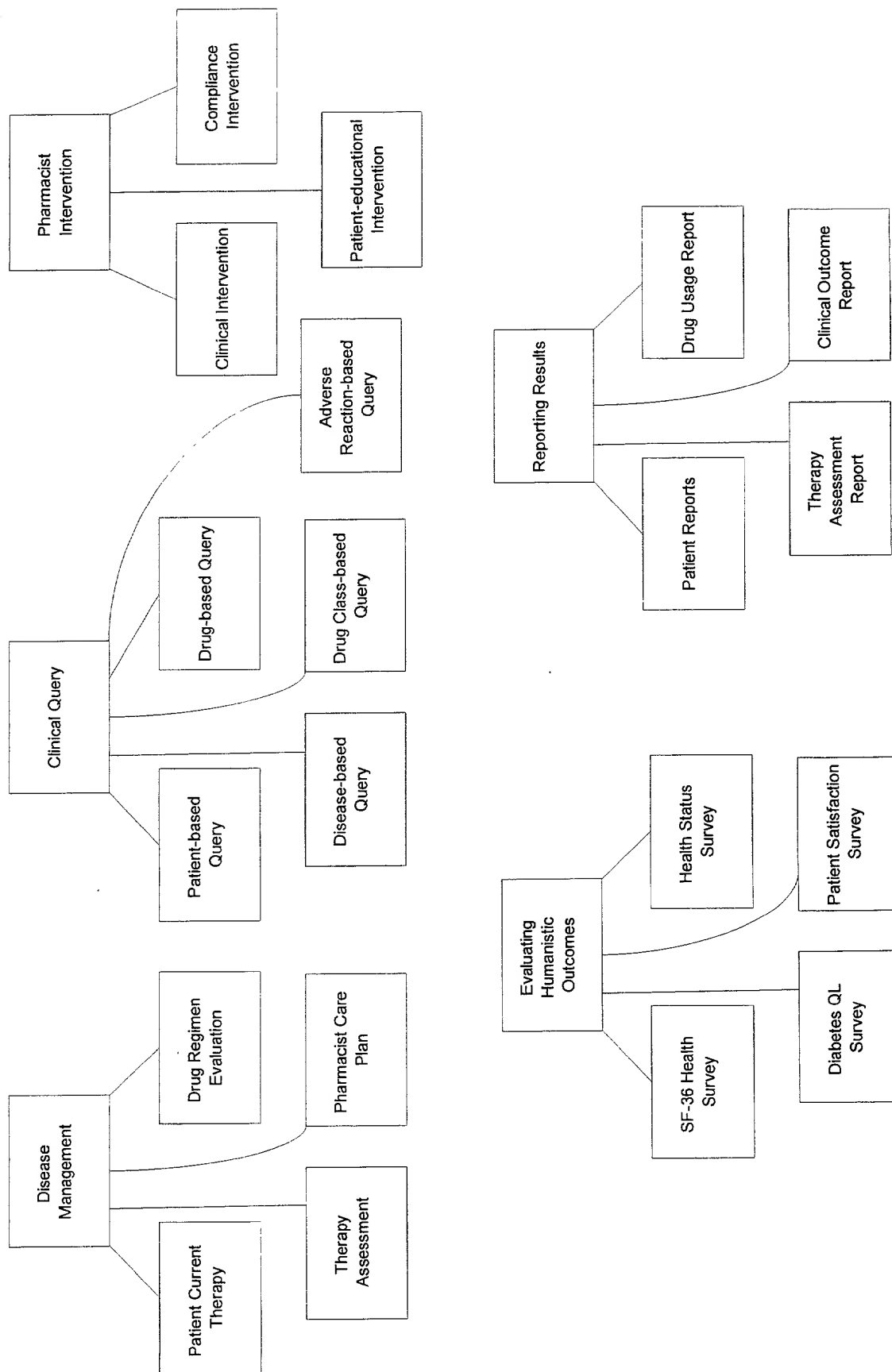


FIG. 1a

Pharmaceutical Care Block Diagram

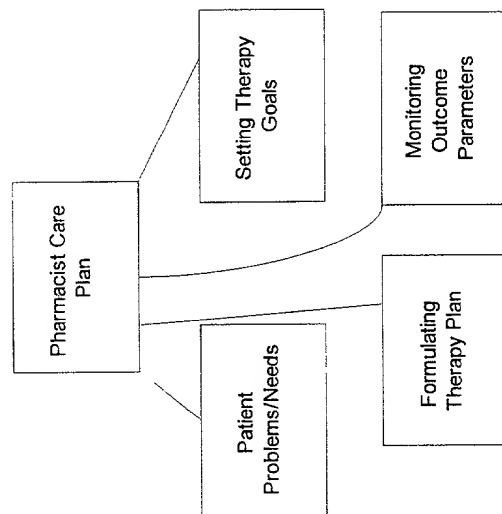


FIG. 1b

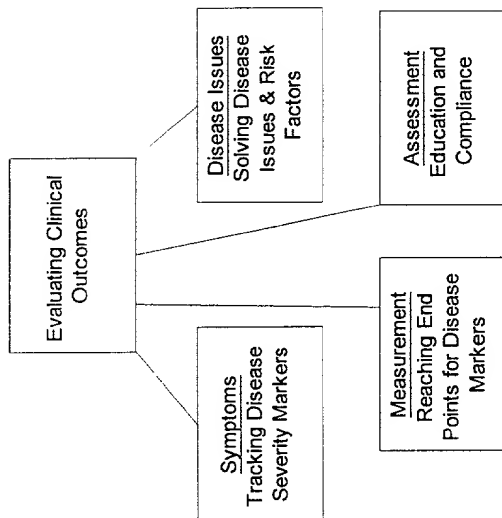


FIG. 1c

Patient Current Therapy

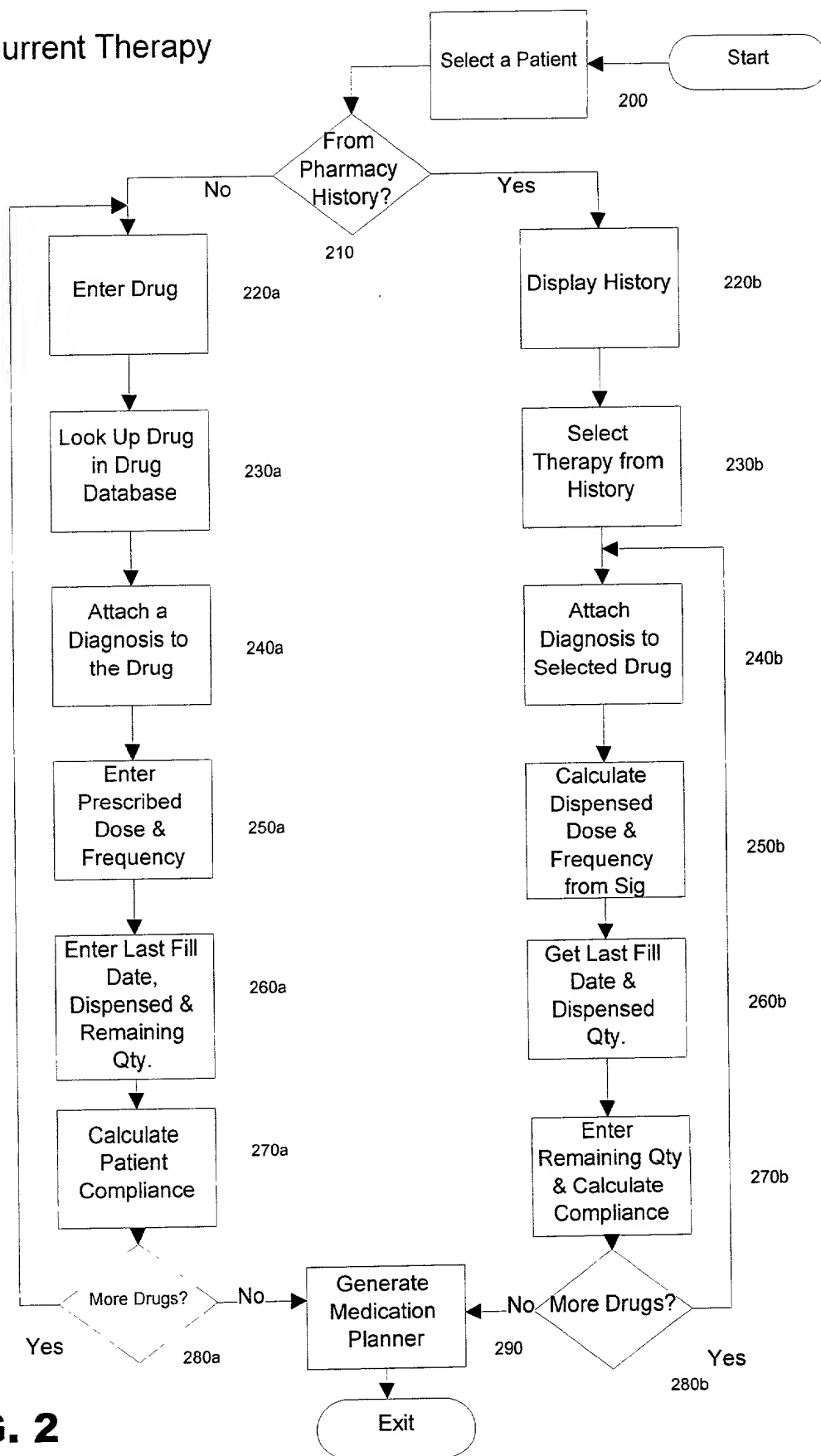


FIG. 2

Drug Use Evaluation

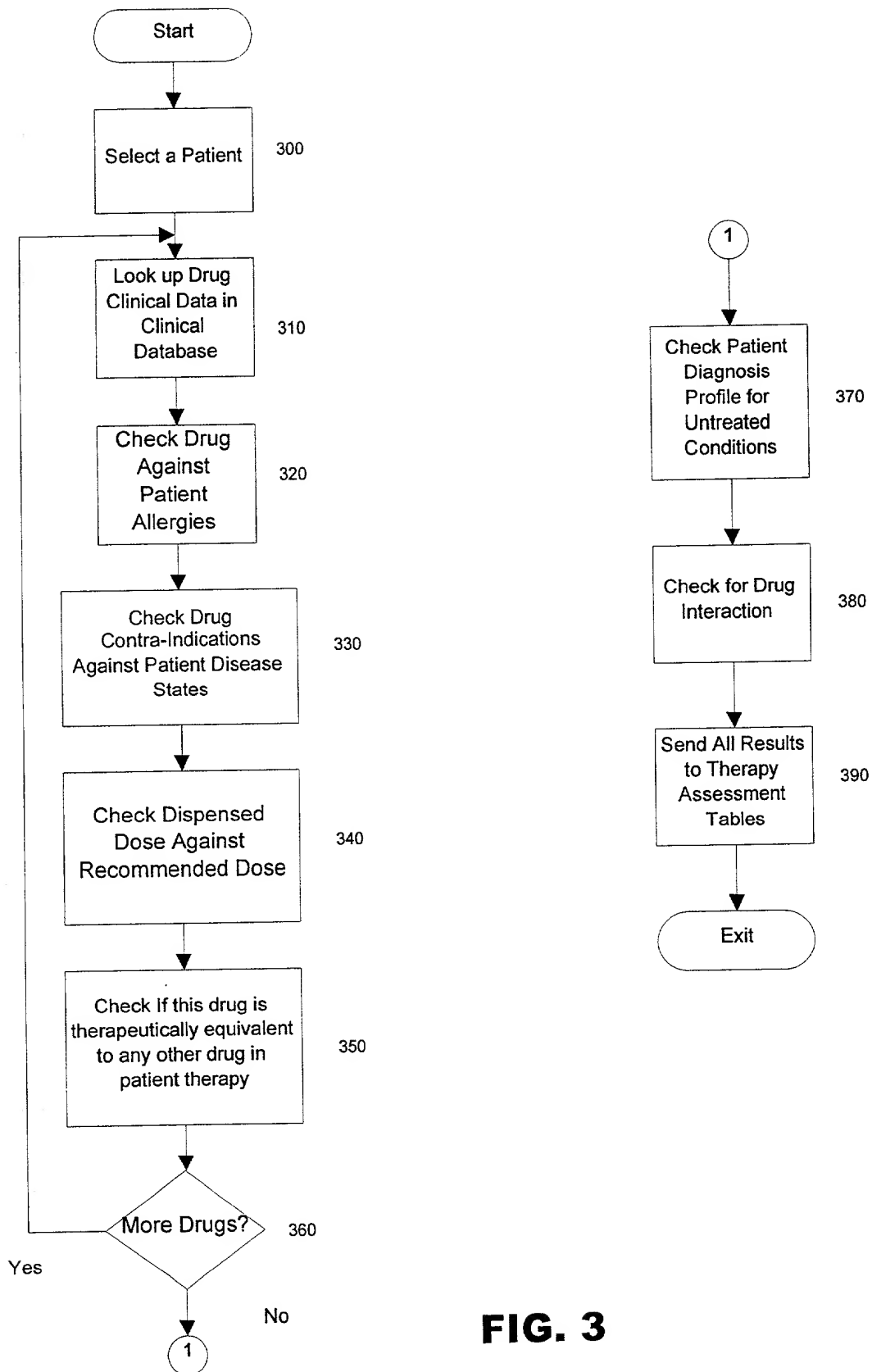


FIG. 3

Pharmacist Care Plan

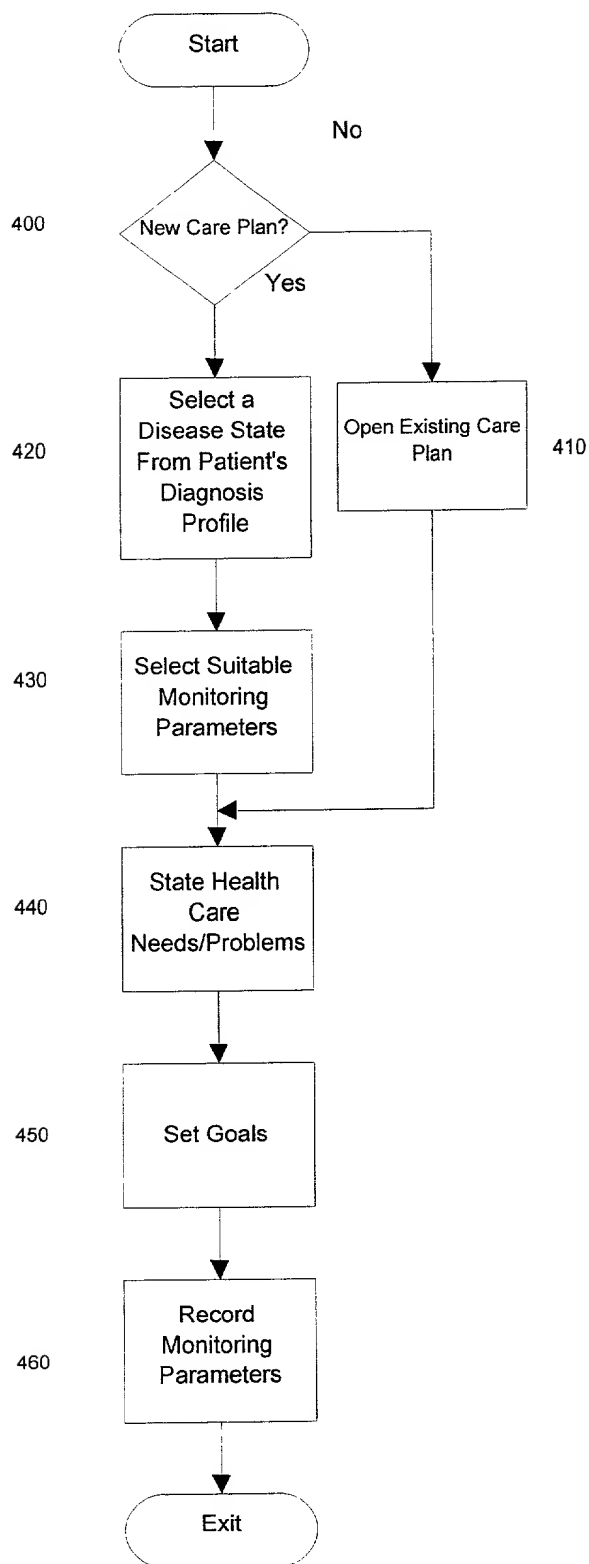


FIG. 4

Patient-based Query

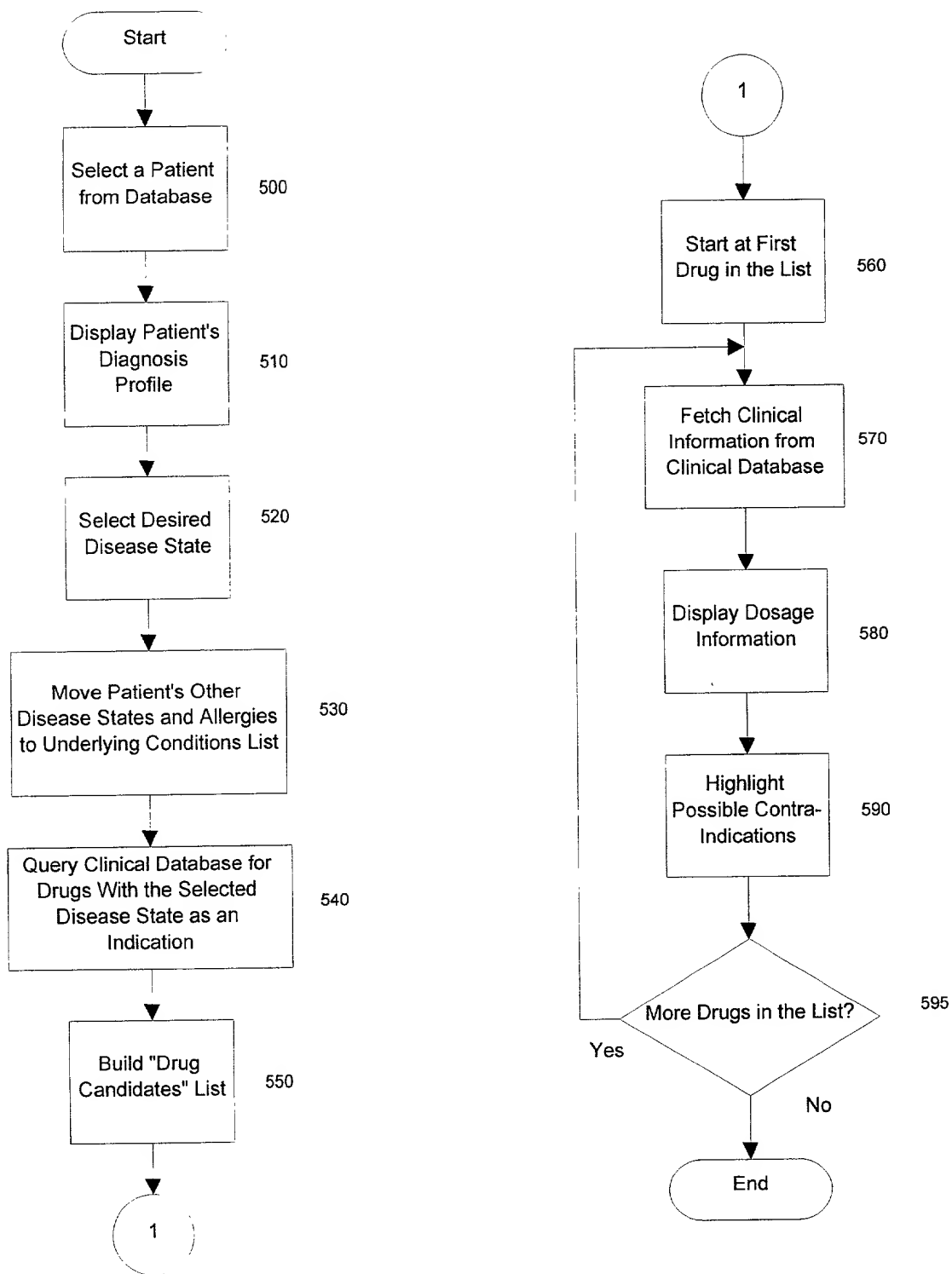


FIG. 5

Disease-based Query

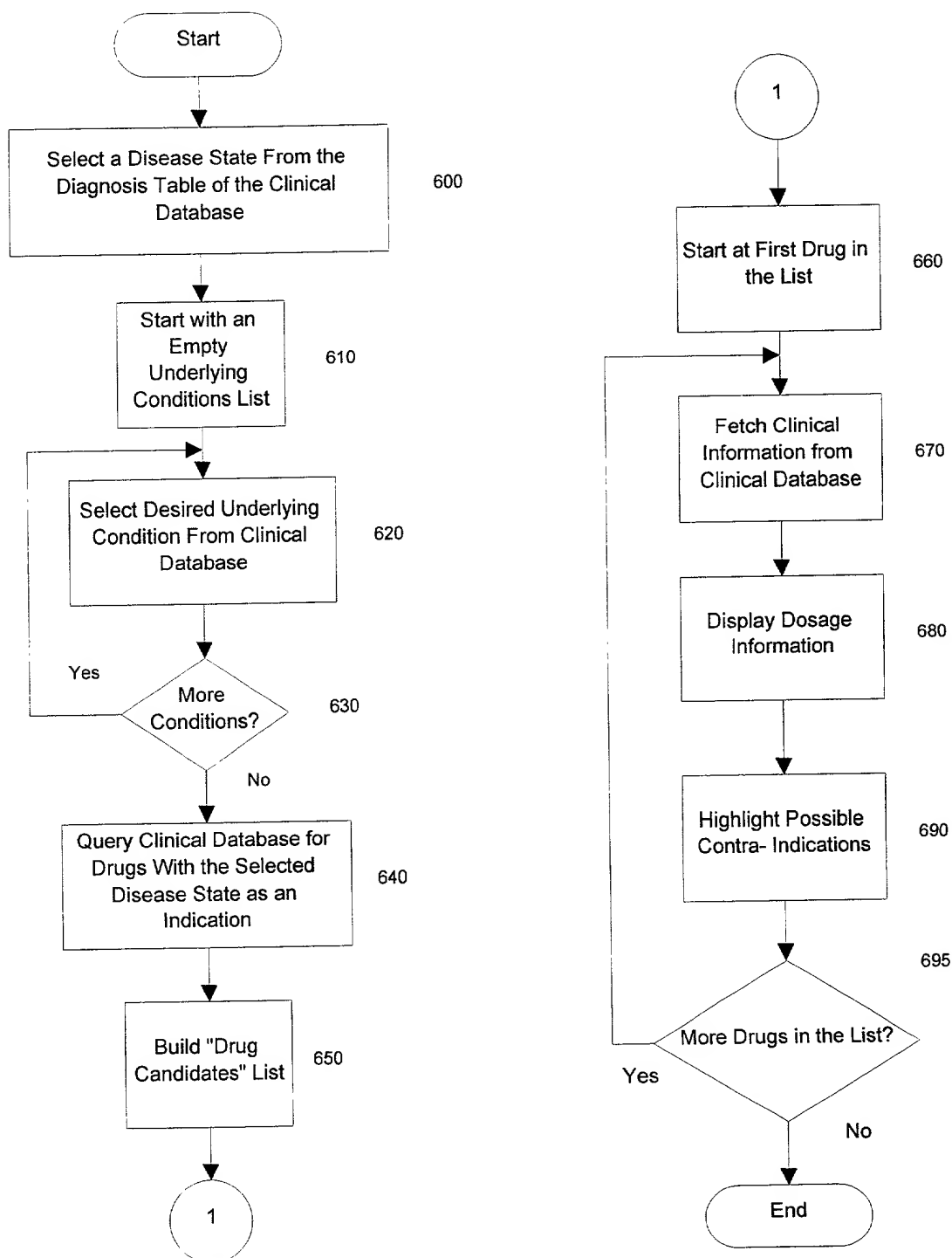


FIG. 6

Drug-based Query

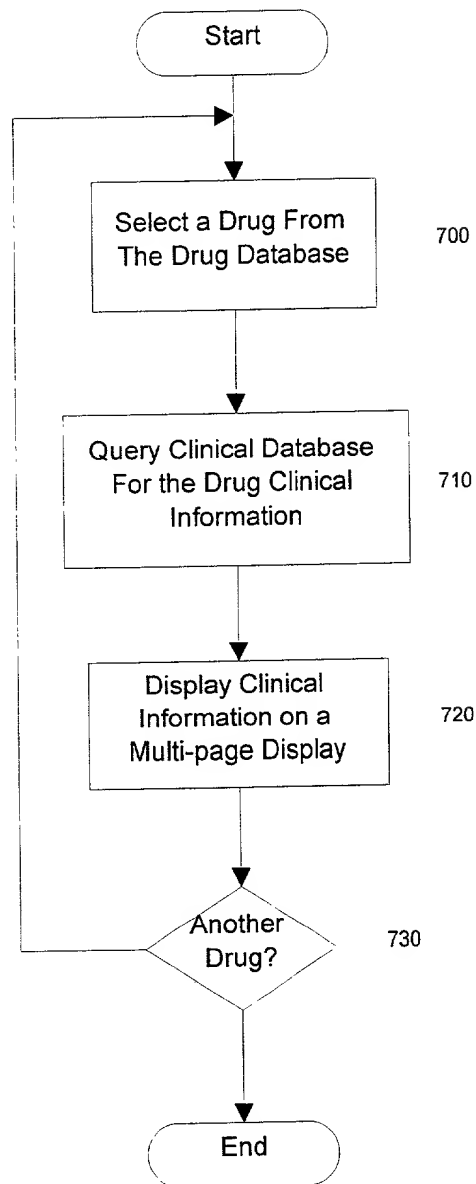


FIG. 7

Drug Class-based Query

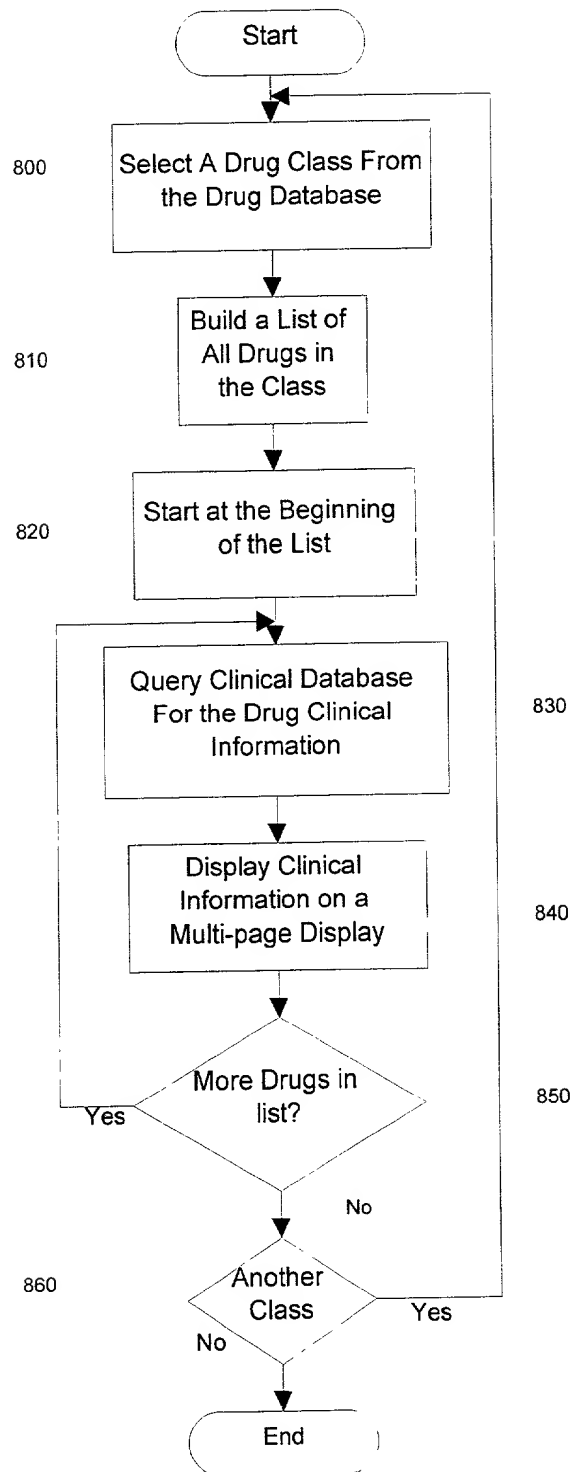


FIG. 8

Adverse Reaction - based Query

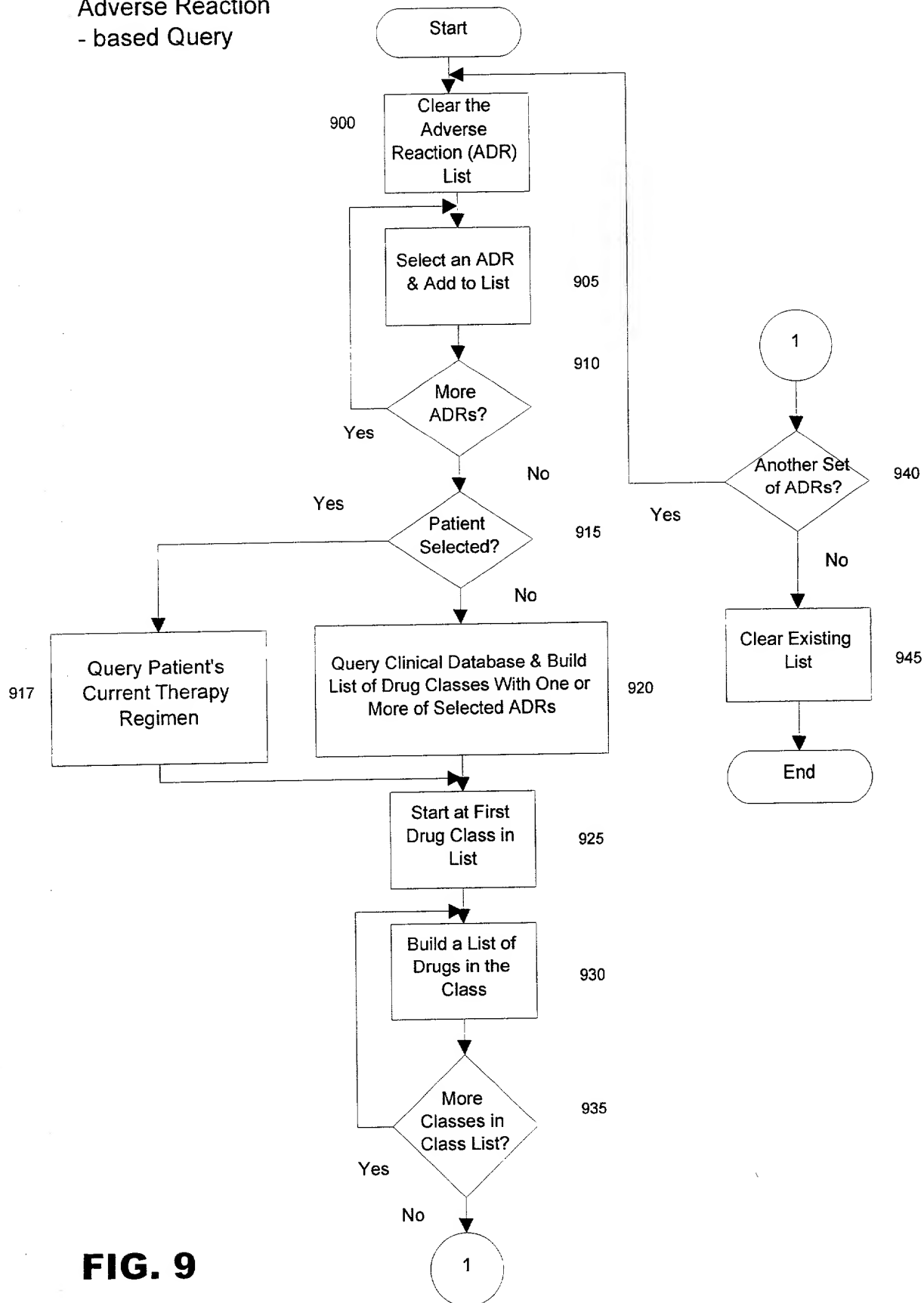


FIG. 9

PCCF - Form

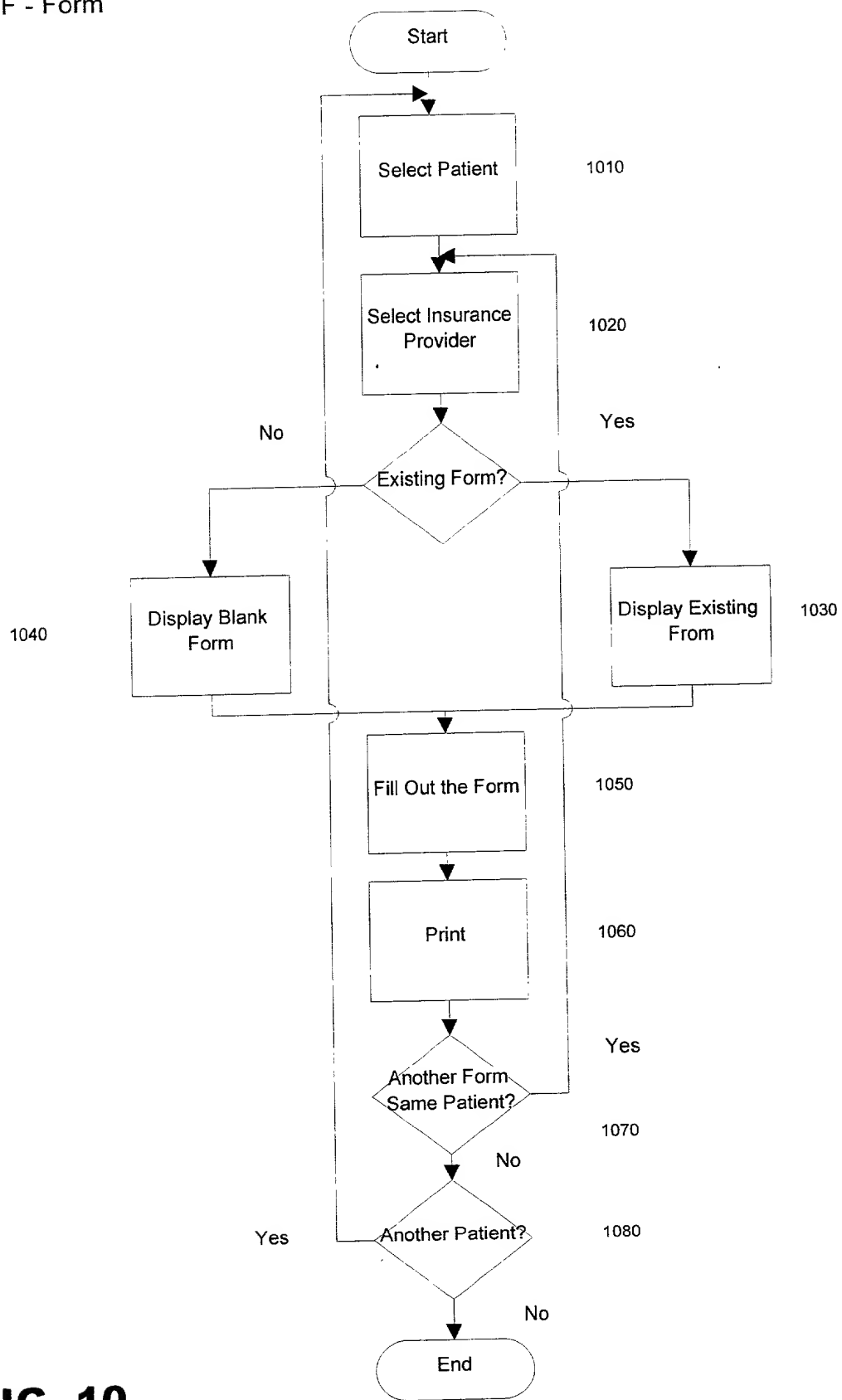


FIG. 10

HCFA 1500 - Form

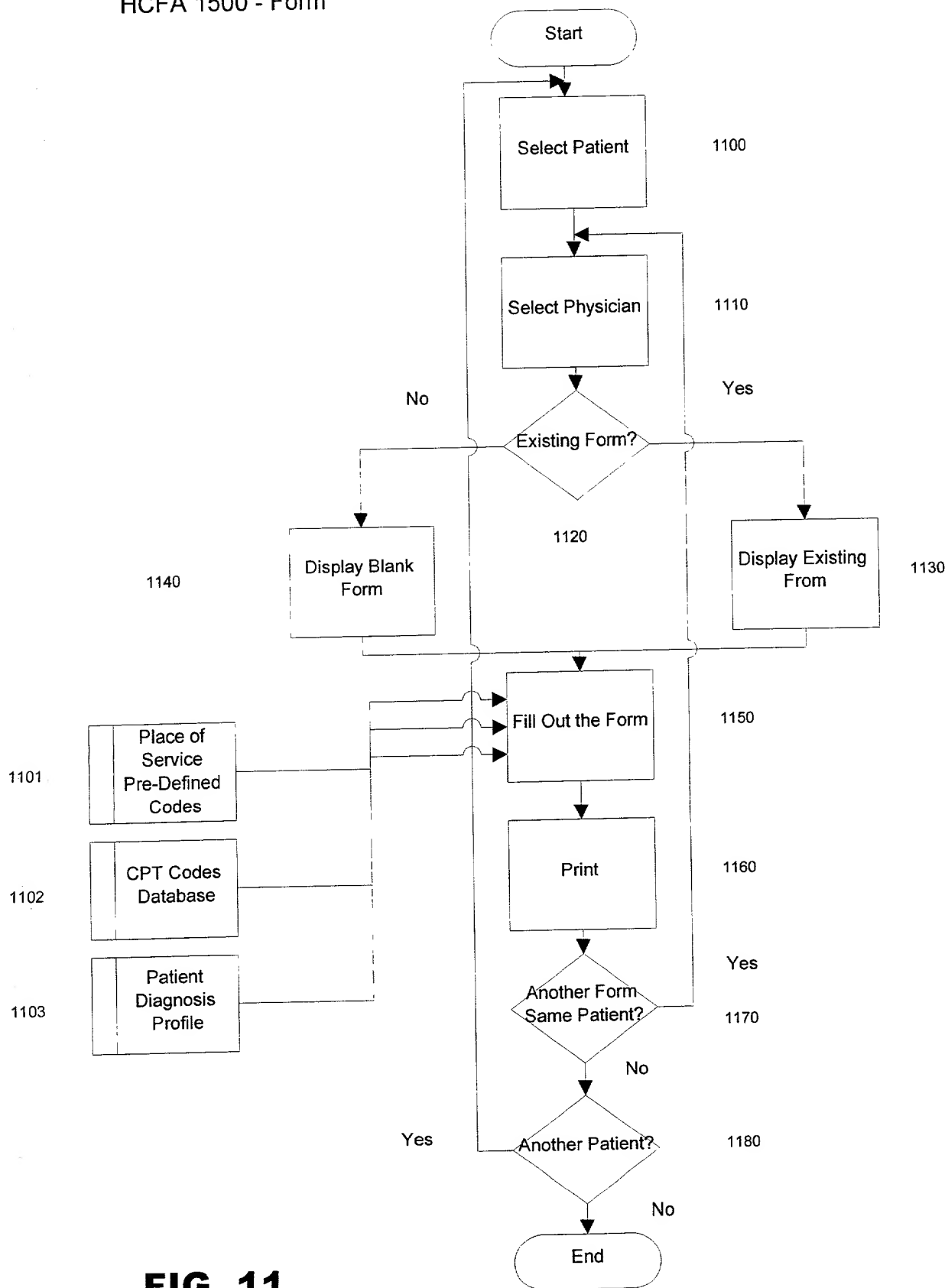


FIG. 11

Humanistic Outcome Surveys

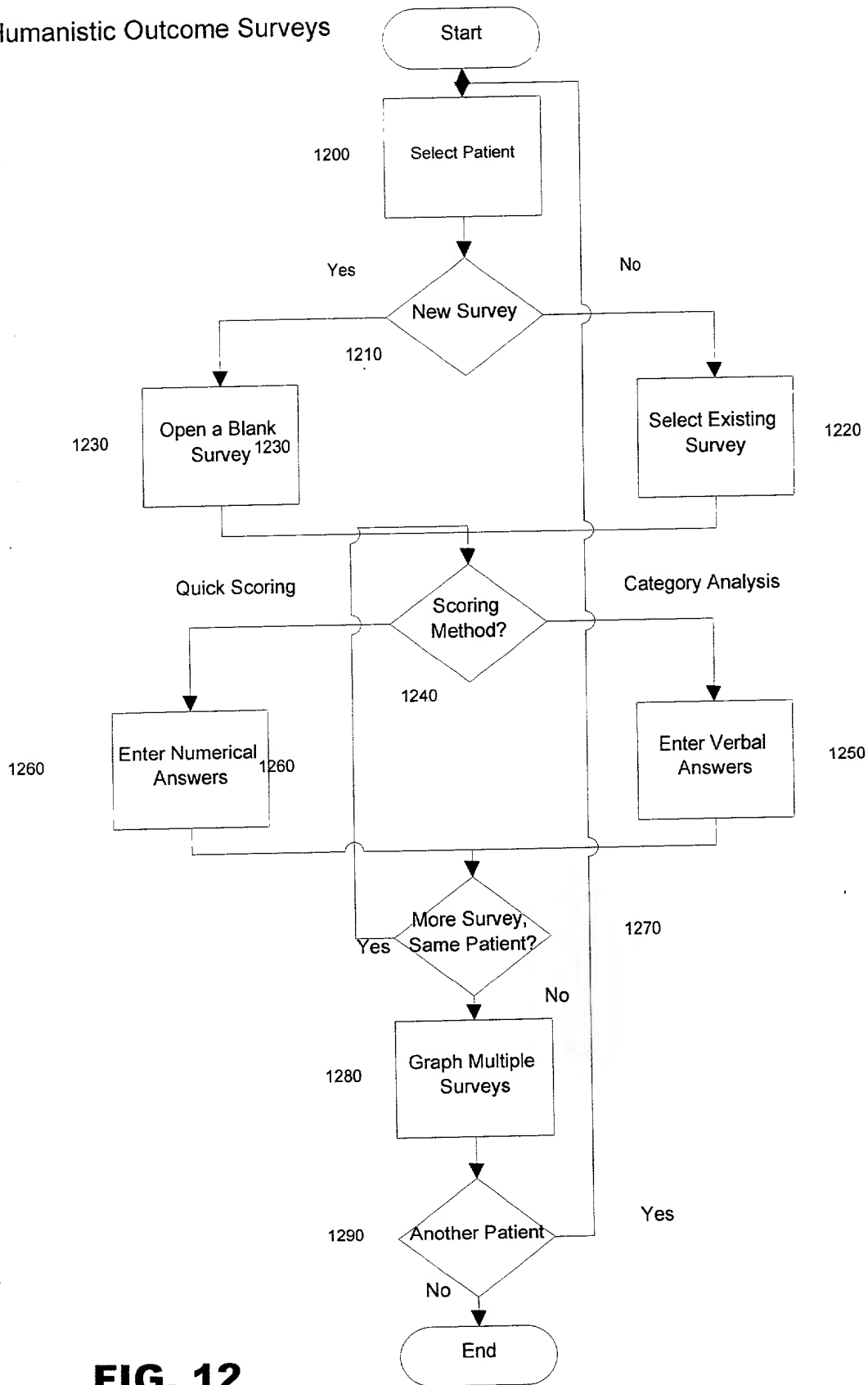


FIG. 12

Patient Query Process

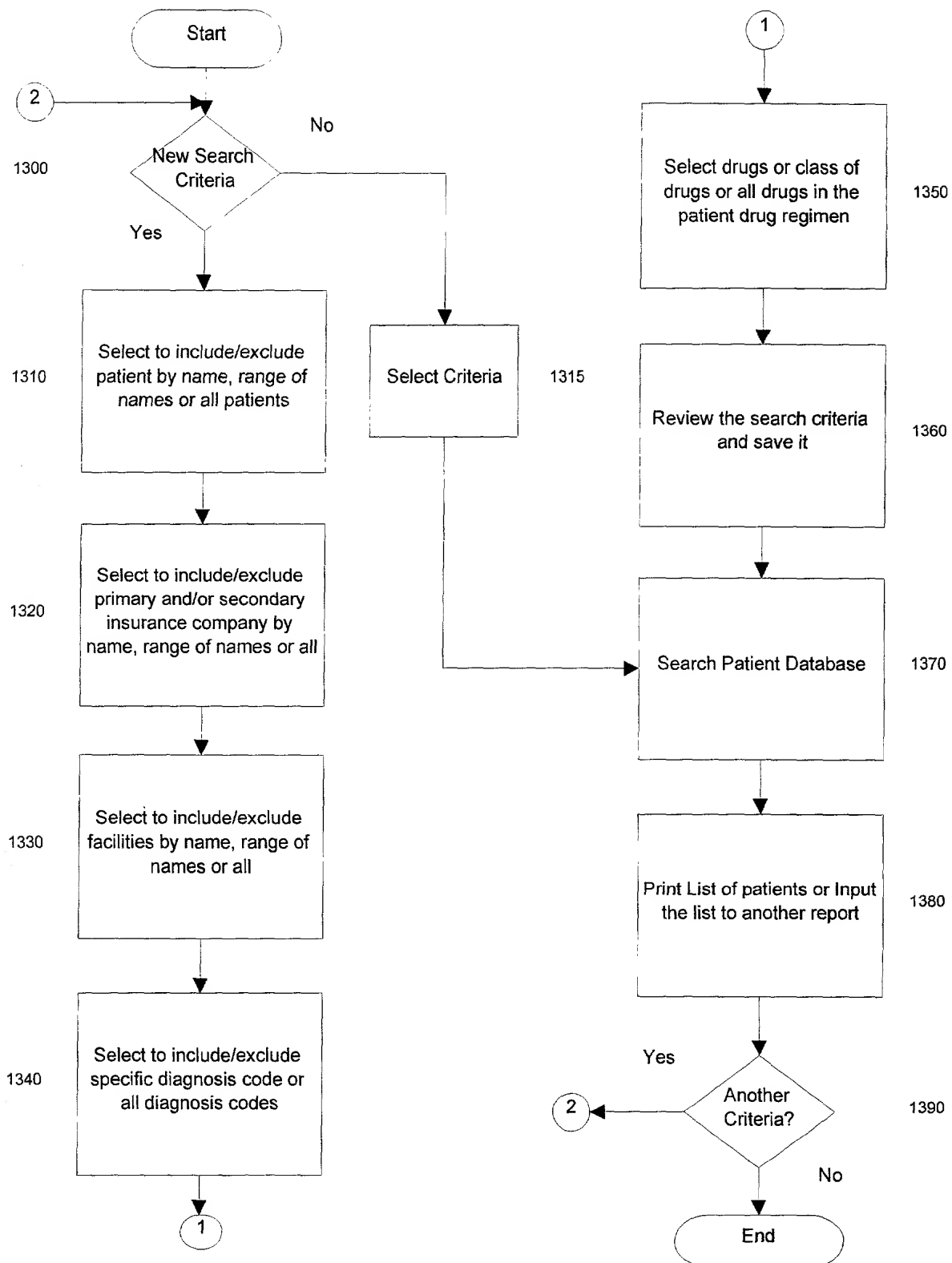


FIG. 13

Drug Utilization Report

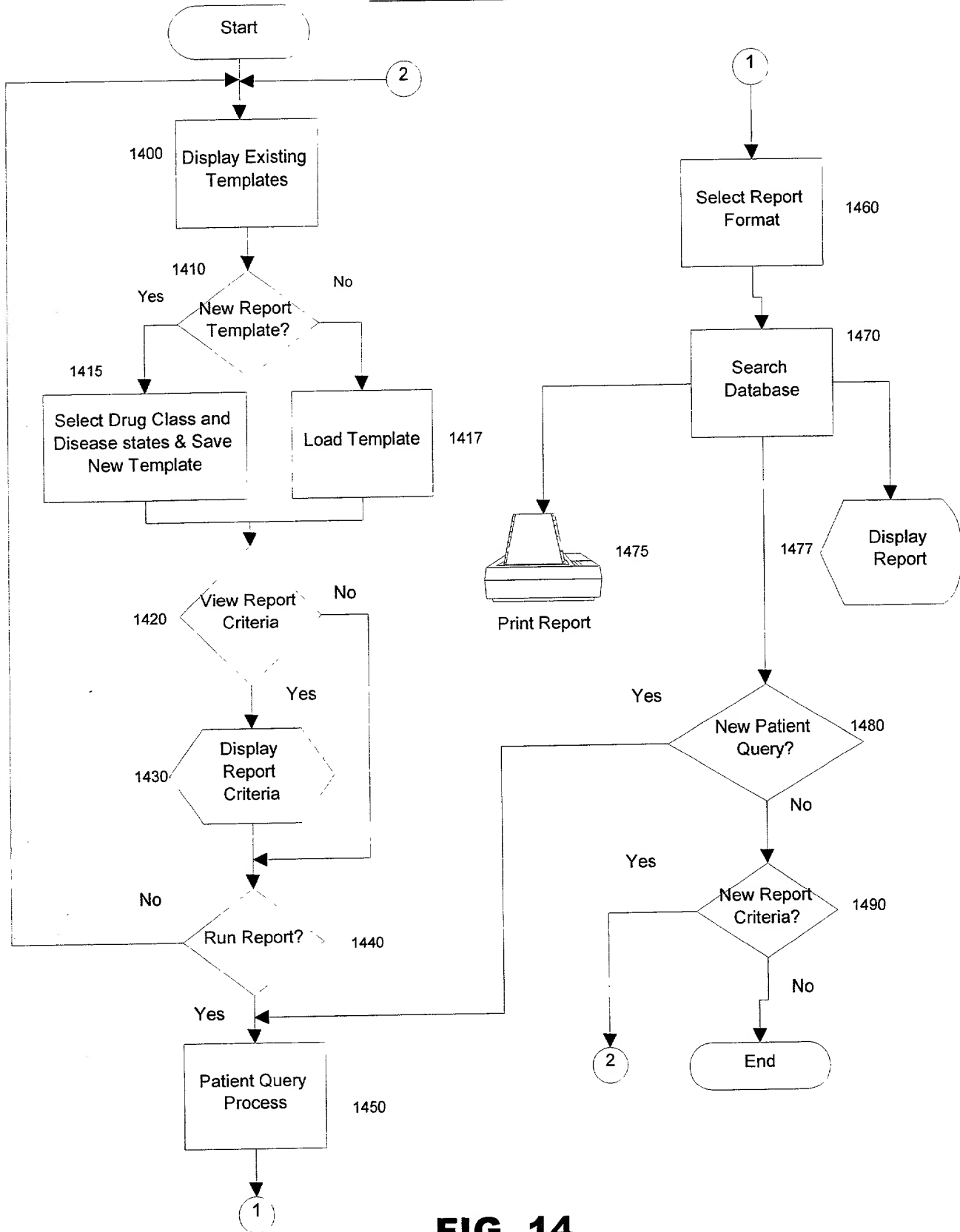


FIG. 14

Therapy Assessment Reports

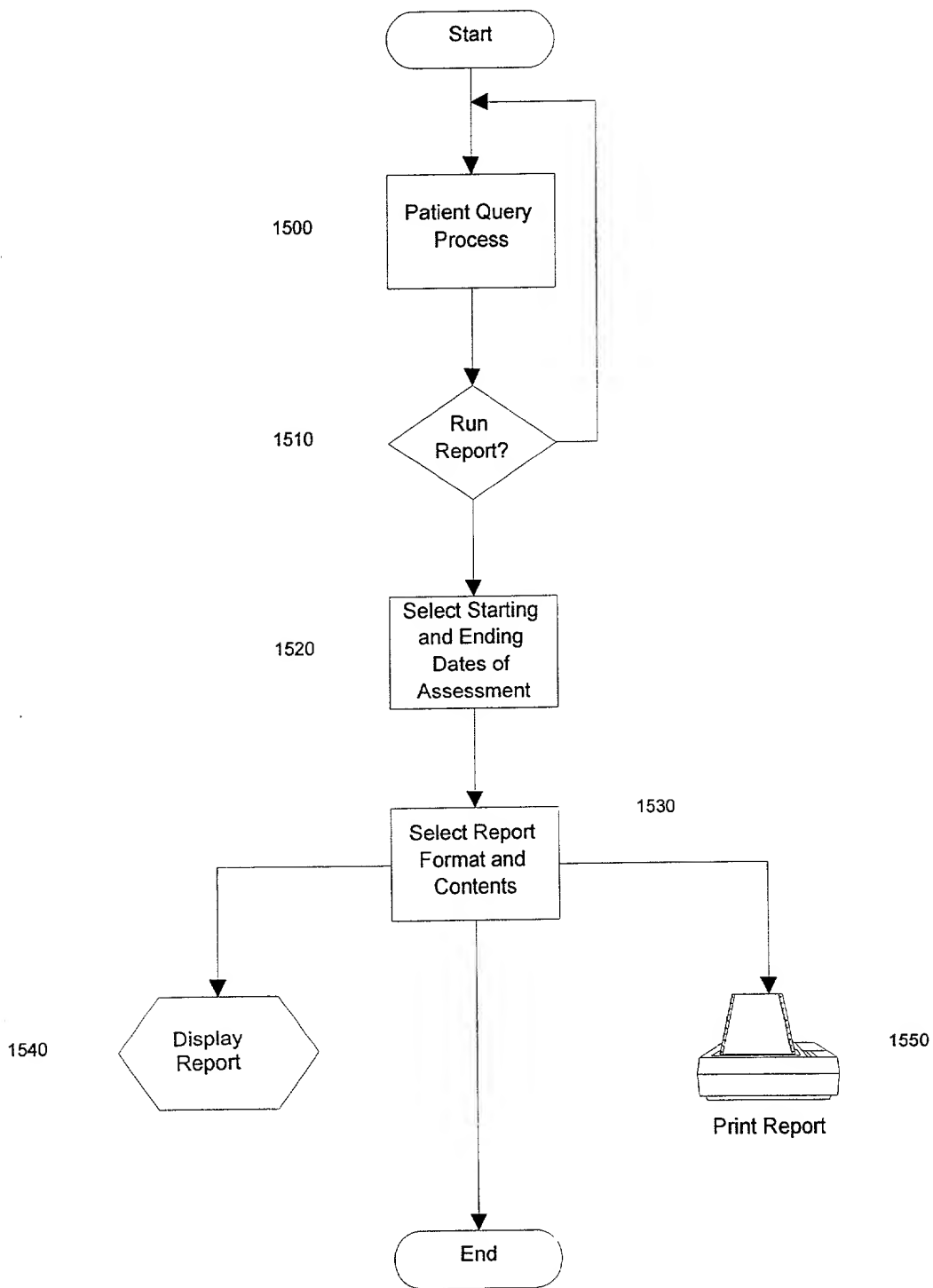


FIG. 15

Clinical Outcome Report

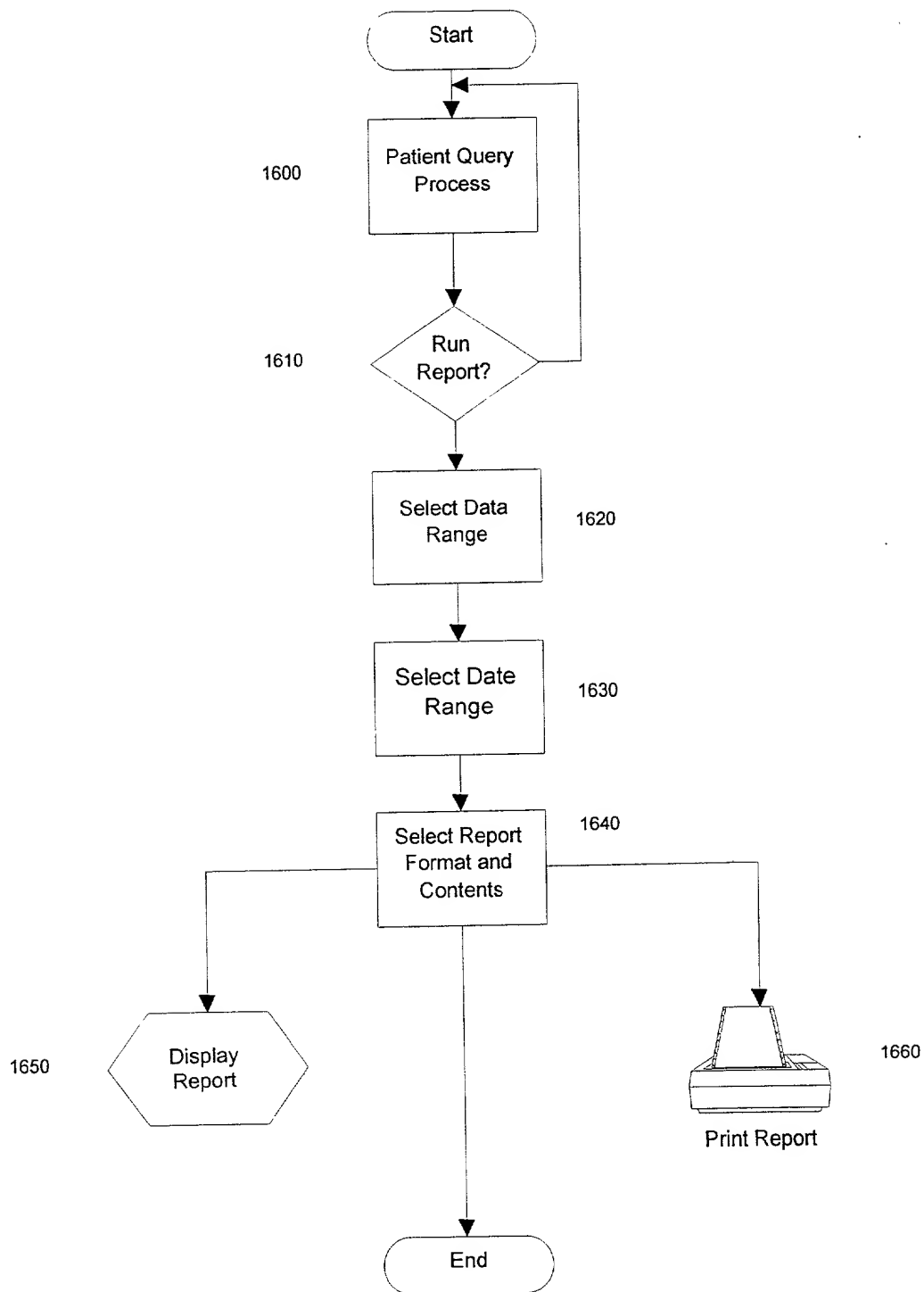


FIG. 16

Etreby Computer Company, Inc.
2145 W. La Palma Ave.
Anaheim, CA. 92801
(714)533-1308

Date Printed : 2/10/99

Pharmacist Care Plan

Patient : XXXXX

Physician : XXXXX

Pharmacist : XXXXX

Service Date : 2/22/98

Disease / Task : **ASTHMA**

Problems / Needs :

- 1- Waking up at night due to symptoms of asthma > twice a month.
- 2- Increased use of short acting beta agonists (>qid).
- 3- Long-term overuse of beta agonists (>1 canister/month).
- 4- Poor tolerance to physical activity.

Goals :

Prevent chronic, troublesome symptoms (coughing or breathlessness).

- 1- Maintain (near) "normal" pulmonary function.
- 2- Maintain normal activity levels including exercise.
- 3- Prevent exacerbations & minimize the need for ER or hospital visits.
- 4- Meet patient's expectations of, & satisfaction with, asthma care.

Plan :

- 1- Continue Quick-relief medication (e.g. SA inhaled B2-agonist) prn symptoms.
- 2- Add a daily antiinflammatory (low dose steroid, cromolyn, or nedocromil).
- 3- Monitor adherence to both classes of medications.
- 4- Implement environmental control measures

Monitoring Parameters :

Symptoms	Cough & Wheezing	Physical activity limitation	Exacerbations	Nocturnal awakening last 30 days
	2 or < times/wk	Slightly limited	Mild	2-4 times
Disease Issues	Type of Asthma	Severity Classification	Missed school/work last 30 days	E.R. or Hospital visits last 30 day
	Allergic (extrinsic)	Mild pers	One time	None
Measurements	PEFR (% of personal best)	PEFR Variability (%)	Frequency of Quick-relief Meds	Canisters of quick-relief Meds/mo.
	< or = 80	10-20	qid	>1 but <2
Adherence	To Quick-relief Medications	To AntiInflammatory Medications	To Lifestyle Issues	To Environmental Control
	Fair	Poor	Good	Fair

FIG. 17a

Etreby Computer Company, Inc.
2145 W. La Palma Ave.
Anaheim, CA. 92801
(714)533-1308

Date Printed : 2/10/99

Pharmacist Care Plan

Patient : XXXXX

Physician : XXXXX
Pharmacist : XXXXX
Service Date : 2/10/99

Disease / Task : **ESSENTIAL HYPERTENSION**

Problems / Needs :

- 1- Identify Major Risk Factors
- 2- Determine presence of TOD and CCD
- 3- Based on BP measurements determine BP classification
- 4- Evaluate risk stratification and identify "Risk Group"
- 5- Examine lifestyle modification issues
- 6- Follow BP treatment algorithm and individualize therapy

Goals :

- 1- To reduce morbidity and mortality by the least intrusive means possible
- 2- To achieve and maintain BP below 140/90
- 3- To control other modifiable risk factors for CVD
- 4- To prevent stroke, preserve renal function, and prevent or slow heart failure progression

Plan :

- 1- Identify known causes of high blood pressure
- 2- Assess the presence of TOD and CVD, the extent of the disease, and the response to therapy
- 3- Identify other cardiovascular risk factors or concomitant disorders that may define prognosis and guide treatment
- 4- Follow lifestyle modification guidelines

Monitoring Parameters :

Symptoms	Smoking	Alcohol Intake	Dyslipidemia	Obesity
	No	Yes	Yes	Yes
Disease Issues	Family history of CVD	Target Organ Damage	Clinical Cardiovascular Disease	Diabetes
	Yes	No	No	Yes
Measurements	Systolic blood pressure	Diastolic blood pressure	Blood pressure classification	Risk stratification
	160-179	100-109	Stage 1	Risk Group C
Adherence	Drug therapy	Diet	Exercise	Life-style issues
	Fair	Fair	Good	Poor

FIG. 17b